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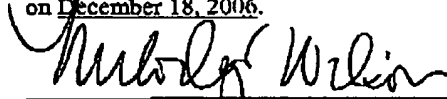
DEC 18 2006

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Koichi MORITA) Art Unit: 2816
)
Serial No. 10/522,264)
(National Phase of PCT/JP2004/007756)) Examiner: Le, Dinh Thanh
)
Filed: January 25, 2005)
)
For: Semiconductor Switch) Attorney Docket No.: 44471/311601

I hereby certify that this correspondence is being
filed via facsimile to fax number 571 273 8300
on December 18, 2006.


Melody T. Wilson

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed on September 18, 2006,
please enter the following amendment and reconsider the application in light of the
amendment and the appended remarks.

- Amendments to the Claims are reflected in the listing of claims, which
begins on page 2 of this paper.
- Amendments to the Drawings begin on page 11 his paper.
- Remarks begin on page 12 of this paper.

12/19/2006 TL0111 00000059 10522264

01 FC:1201
02 FC:1202600.00 OP
300.00 OP

US2000 9657853.1

**KILPATRICK
STOCKTON LLP**

Attorneys at Law

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December 18, 2006

direct dial 404 685 6799
direct fax 404 541 3244
BHolmes@KilpatrickStockton.com**FAX**

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Mail Stop Amendment	571-273-8300	U. S. Patent and Trademark Office Alexandria, VA

Brenda O. Holmes

FROM

22

PAGES (WITH COVER)

6559

REFERENCE NO

44471/311601

CLIENT/MATTER NO.

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COMMENTS

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1. Transmittal Form
2. Fee Transmittal
3. Amendment Transmittal
4. Amendment and Response
5. Credit Card Payment Form

Applicant: Koichi Morita

U. S. Patent Application No. 10/522,264; filed January 25, 2005

Examiner: Le, Dinh Thanh

Art Unit: 2816

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Approved for use through 09/30/2006. OMB 0651-0031

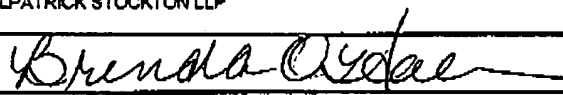
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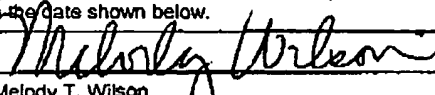
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/522,264
	Filing Date	January 25, 2005
	First Named Inventor	Koichi Morita
	Art Unit	2816
	Examiner Name	Le, Dinh Thanh
Total Number of Pages in This Submission	Attorney Docket Number	44471/311801

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Form Replacement Sheets (3pp.) Credit Card Payment Form
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Brenda O. Holmes, Esq.		
Date	December 18, 2006	Reg. No.	40,339

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Melody T. Wilson	Date	December 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005		Complete if Known	
		Application Number	10/522,284
		Filing Date	January 25, 2005
		First Named Inventor	Kolchi Morita
		Examiner Name	Le, Dinh Thanh
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2818
TOTAL AMOUNT OF PAYMENT (\$) 900.00		Attorney Docket No.	44471/311801

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METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account: Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
26	-20 or HP= 6	50	300
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	-3 or HP= 3	200	600
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Branda O. Holmes</i>	Registration No. (Attorney/Agent)	40,338	Telephone	404 815 6500
Name (Print/Type)	Branda O. Holmes, Esq.	Date	December 18, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER				Docket Number: 44471/311601		
Application Number 10/522,264	Filing Date January 25, 2005	Examiner Le, Dinh Thanh	Art Unit 2816			
Invention Title: SEMICONDUCTOR SWITCH				Inventor(s) Koichi Morita		
1. The filing fee has been calculated as shown below:						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)
TOTAL CLAIMS	26	minus	20	6	50.00	300.00
INDEPENDENT CLAIMS	6	minus	3	3	200.00	600.00
MULTIPLE DEPENDENT CLAIM ADDED					.00.00	00.00
					TOTAL	900.00
If applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	n/a
<p>Launch Internet Explorer Browser.Ink</p> <p>II. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No <u>11-0855</u>. A duplicate copy of this sheet is enclosed.</p> <p>III. Applicants' undersigned attorney may be reached by telephone in our Atlanta, Georgia Office at:</p> <p style="text-align: center;">(404) 815-6500</p> <p>All correspondence should continue to be directed to our below-listed address.</p> <p>Date: <u>12-18-2006</u> By: <u>Brenda O. Holmes</u></p> <p>KILPATRICK STOCKTON LLP 1100 Peachtree Street, Suite 2800 Atlanta, Georgia 30309-4530 Telephone: (404) 815-6500 Facsimile: (404) 815-6555</p> <p>Brenda O. Holmes Registration No.: 40,339</p>						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.